

EMT AED Service Provider Program Application

To apply for approval as an EMT AED service provider, the following documents/information needs to be submitted to the LA County EMS Agency: ☐ Curriculum Vitae (resume) of Program Coordinator ☐ Training materials including: Curriculum to be used (if other than AHA or ARC) Documentation to be used for orientation and training for specific AED device(s) Skill/training/testing sheet if other than AHA or ARC ☐ Documentation of current EMT Certifications for all EMTs including issuing agency and expiration date ☐ Departmental policy and procedures pertaining to AED Program shall include: Internal response and operational plan AED event procedures - CPR/AED initial training and retraining requirements Frequency of checking authorized users competency skills Maintenance of equipment/devices Data collection for quality assurance and annual report ☐ AED skill competency check list ☐ AED response form (if other than an approved PCR or LA County EMS Agency form) □ AED maintenance check list ☐ Letter of intent to include items listed in LA County Reference No. 412.

Return completed application and required documentation to:

Los Angeles County EMS Agency **Attn: AED Program Coordinator** 10100 Pioneer Blvd. Suite 200 Santa Fe Springs, CA 90670 Phone: (562) 347-1633

1 **AED Program Application**



EMT AED Service Provider Program Application

Name of Provider					
Address			Zip Code	Zip Code	
Program Coordinator			Title		
Phone	Email				
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AED Manufacturer Cardiac Science Defibtech or Cintas Heartsine Medtronic Philips Welch Allyn Zoll Other	□ Lifeline □ F □ Samaritan □ S □ Lifepak 1000 □ L □ FRx □ F □ AED 10 □ A □ AED plus □ A	.ifepak CR Plus FR2+ □ (AED 20 .ED pro □ I) On-Site ⁄I Series □ E Series		
Total Number of AEDs	Location of AEDs (patrol	vehicles, ambulance	s, etc)		
Provider response area if not an existing	9-1-1 provider	Pediatric equipment? □ Yes □ No			
Frequency of AED checks * Per Manufacturer's Recommendation		AED Response fo	rm		
□ Daily □ Weekly □ Monthly		□ Approved PCR □ County EMS □ Self Designed			
Curriculum □ American Heart Association □ Other(must submit training material for approval)					
Frequency of checking individual AED skill proficiency					
□ Every 2 years □ Annually □ Every 6 months □ Other					
Completed by:(Signatu	re)	/	Print name)		
Title					